

**State of Missouri  
Department of Natural Resources  
Air Pollution Control Program**

**GENERAL PERMIT APPLICATION  
TO OPERATE  
PERCHLOROETHYLENE DRY CLEANING INSTALLATIONS  
IN  
ST. LOUIS COUNTY**

- BASIC STATE --

**State of Missouri  
Department of Natural Resources  
Air Pollution Control Program**

**ST. LOUIS COUNTY  
PERCHLOROETHYLENE DRY CLEANING INSTALLATION  
GENERAL AIR QUALITY OPERATING PERMIT APPLICATION  
-- BASIC STATE --**

Complete and submit to:



St. Louis County Department of Health  
Air, Land & Water Branch  
Air Pollution Control Section  
111 South Meramec  
Clayton, MO 63105

All applications must be submitted in duplicate and accompanied by a single \$100 filing fee with the check made out to: Missouri Air Pollution Control Program.

**Section I - GENERAL INFORMATION** (See instructions.)

A. Installation Name			County No.	Plant No.	Year Submitted
Installation Street Address				County Name	
City	State	Zip Code	Installation Phone No. (     )		
Installation Mailing Address				Installation Fax No. (     )	
City		State	Mail (Zip) Code		
Contact Person (Last)		(First)		(MI)	
Contact Person Title	1/4	1/4	Section	Township	Range
B. Parent Company Name			Contact Person	Phone No. (     )	
Mailing Address			City	State	Zip Code
C. Application Type (check one): <input type="checkbox"/> Initial (If this is the first time, check "Initial") <input type="checkbox"/> Renewal (Current Permit No. _____ ) <input type="checkbox"/> Modification					

**D. Installation Information**

1. Provide the following information for boilers (steam and hot water generating units) on-site.

Rated BTU/hr: \_\_\_\_\_ Type of fuel used: \_\_\_\_\_

If fuel other than natural gas is used as fuel, provide the sulfur content: \_\_\_\_\_

2. a. What was the total quantity of perchloroethylene (perc) purchased in the last 12 months?  
 \_\_\_\_\_ gallons

b. If less than 12 months, how many? \_\_\_\_\_ Gallons in \_\_\_\_\_ Months

3. a. Provide the information below for each machine at the installation. Indicate the type of machine, the date of the purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#1	03-Oct-93	12-Nov-93	#2	08-Dec-91	21-Dec-91	#3	02-Mar-92	02-Mar-92
Dry-to-Dry Unit									
With refrigerated condenser									
With carbon adsorber									
With no controls									
Washer Unit									
With refrigerated condenser									
With carbon adsorber									
With no controls									
Dryer Unit									
With refrigerated condenser									
With carbon adsorber									
With no controls									
Reclaimer Unit									
With refrigerated condenser									
With carbon adsorber									
With no controls									

- b. Control devices are required, but not installed \_\_\_\_\_
- c. No control devices are required to be installed \_\_\_\_\_
4. What is the installation's classification? (Indicate with an "X", Select one classification only.)
- a. Existing large area source: (commenced construction or reconstruction before 12/09/91)
- 1) \_\_\_\_ Only dry-to-dry machines and consumes 140 - 2,100 gal/yr of Perc.
  - 2) \_\_\_\_ Only transfer machines and consumes 200 - 1,800 gal/yr of Perc.
  - 3) \_\_\_\_ Both dry-to-dry and transfer machines and consumes 140 - 1,800 gal/yr of Perc.
- b. New large area source: (commenced construction or reconstruction on or after 12/09/91)
- 1) \_\_\_\_ Only dry-to-dry machines and consumes 140 - 2,100 gal/yr of Perc.
  - 2) \_\_\_\_ Only transfer machines and consumes 200 - 1,800 gal/yr of Perc.
  - 3) \_\_\_\_ Both dry-to-dry and transfer machines and consumes 140 - 1,800 gal/yr of Perc.
- c. Small area source:
- 1) \_\_\_\_ Only dry-to-dry machines and consumes less than 140 gal/yr of Perc.
  - 2) \_\_\_\_ Only transfer machines and consumes less than 200 gal/yr of Perc.
  - 3) \_\_\_\_ Both dry-to-dry and transfer machines and consumes less than 140 gal/yr of Perc.

## Section II - COMPLIANCE STATEMENT

- A. Compliance status with respect to all Applicable Requirements effective at time of Permit Issuance as noted in Section IV - General Permit under Section 6.0 - Applicable Requirements; Section 7.0 - Pollution Control Requirements, if applicable; and Section 8.0 - Processing Limits, if applicable.

Will your installation be in compliance with all applicable requirements at the time of permit issuance and continue to comply with these requirements?

☐ Yes ☐ No (If yes, go to Subsection B. of this Section; if no, complete 1. - 4. below for each applicable requirement for which compliance is not achieved.)

1. Identify applicable requirement for which compliance is not achieved:

\_\_\_\_\_

2. Narrative description of how compliance will be achieved with this applicable requirement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Detailed Schedule of Compliance:

Steps

Date Expected

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Frequency for submittal of progress reports (6 month minimum)

\_\_\_\_\_

Starting date for submittal of progress reports: \_\_\_\_/\_\_\_\_/\_\_\_\_

- B. Compliance status with respect to all Applicable Requirements effective after permit issuance:

Will your installation be in compliance with all applicable requirements taking effect during the term of the permit and meet such requirements on a timely basis?

☐ Yes ☐ No (If yes, go to next section; if no, complete 1. and 2. below for each requirement for which compliance is not expected.)

1. Identify applicable requirement that you expect will not be complied with:

\_\_\_\_\_

2. Detailed schedule leading to compliance:

Steps

Date Expected

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section III - APPLICANT'S CERTIFICATION STATEMENT

*"I certify, based on information and belief formed after reasonable inquiry, the statements and information in this document are true, accurate and complete."*

Signature of Responsible Official of Company \_\_\_\_\_

Date \_\_\_\_\_

Type or Print Name of Signer \_\_\_\_\_

Official Title of Signer \_\_\_\_\_ Telephone No. .(\_\_\_\_) \_\_\_\_\_